

EMPLOYMENT OPPORTUNITY

Health Profession Programs PROGRAM COORDINATOR \$2,249-\$2,841 per month (range 37)

Opens: Monday, January 19, 2004

Review of applications will begin on February 9, 2004

Interviews will begin as soon as a pool of qualified candidates is identified.

Washington Higher Education Coordinating Board

The Higher Education Coordinating Board (HECB) is a 10-member citizen board that administers all of the state's student financial aid programs and makes recommendations to the Legislature and Governor on higher education policy. The Board assesses the state's higher education needs and recommends enrollments and other policies to meet those needs. The Board is charged by state law with representing the "broad public interest above the interests of individual colleges and universities." The HECB reviews the operating and capital budget requests of the state's public colleges and universities and recommends budget priorities to the Governor and Legislature. The Board also approves new degree programs offered by the public four-year schools and administers other higher education programs that serve the public.

Health Professional Loan Repayment and Scholarship Program

This program encourages eligible health care professionals to serve in shortage areas by providing financial support in the form of conditional scholarships to attend school, or loan repayment of educational debt if the participant provides health care service in rural or medically underserved areas in Washington State. The Health Professional Loan Repayment and Scholarship Program is a partnership between the Higher Education Coordinating Board and the Department of Health. The program is administered by the Board and is located at the Department of Health in Olympia.

General Description

Reporting to the Program Associate, this position will primarily be responsible for providing support services to the Health Profession Programs. The Program Coordinator will use computer systems to produce and track program expenditures and maintain student records, and also will respond to written and telephone inquiries regarding the Health Profession Programs.

Essential Skills, Knowledge and Abilities

- Ability to maintain high accountability standards.
- Excellent written and verbal communication skills.
- Ability to interpret federal, state and agency policies and communicate them in a clear and concise manner.

- Demonstrated problem-solving skills.
- Ability to complete projects in established time frames.
- Excellent organizational and interpersonal skills.
- Ability to analyze and interpret data.
- Proficiency in Microsoft Word, Access and Excel.
- Ability to project, monitor, maintain and initiate program expenditures.
- Ability to develop and recommend alternate courses of action.
- Ability to distinguish between the different components of the Health Scholarship Program and the Health Loan Repayment Program.
- Ability to independently advise students, staff, program participants and the general public regarding program content, policies, procedures and activities.

Specific Job Duties

- Perform general program correspondence, mailing, data entry, and file maintenance.
- Maintain appropriate computer files and recipient records.
- Maintain scholarship and loan repayment application mailing list.
- Receive and process scholarship and loan repayment applicant materials.
- Generate checks for scholarship and loan repayment.
- Prepare correspondence with education institutions, residency programs, and health care facilities.
- Monitor program recipient status using Access database, including producing informational and management reports relating to recipient activities.
- Perform due diligence tracking of all recipient repayment activity.
- Generate quarterly statements for service verification/repayment of service obligations.
- Generate the appropriate notifications of student status, grace, and repayment obligations.
- Develop informational brochures and program application materials.
- Support scholarship and loan repayment recipient selection process by reviewing applications, preparing preliminary spreadsheets, mailing out award letters.
- Provide support to advisory committee members on program policy and recommendations.
- Provide general support to other program-related activities.
- Represent the program at local, state, and national meetings.
- Perform related duties as required.

SALARY RANGE AND BENEFITS

The annual salary range for this position is **\$26,988 to \$34,092** based on qualifications. Benefits include comprehensive health and insurance provisions, federal social security and state retirement contributions, vacation and sick leave programs.

Minimum Qualifications

High school graduation or equivalent AND two years of experience in program administration OR equivalent experience/education.

Desirable Qualifications

- Proficiency in Microsoft Word, Access and Excel (these skills will be tested).
- Working knowledge of the AFRS state accounting system.
- Ability to tackle paperwork with efficiency and attention to detail.
- A record of high productivity and good humor under stress.

APPLICATION PROCEDURE

1. **Cover Letter.** Applicants should submit a cover letter. In the letter of application, describe your background by discussing your experience and qualifications as they relate to the essential skills, knowledge and abilities and the desirable qualifications listed - giving specific examples as appropriate. In the letter, please also discuss how you meet the minimum qualifications for this position.
2. **Application.** Complete the **HECB application, examination and reference-affirmative action form.** These three components comprise the application packet. The application packet can be obtained by logging on to our Web site at: www.hecb.wa.gov; by calling 360-753-7814; or by contacting the offices of the Higher Education Coordinating Board. Mail completed applications to:

Kerri McConnell
Administrative Assistant
Higher Education Coordinating Board
917 Lakeridge Way
P. O. Box 43430
Olympia, Washington 98504-3430

SELECTION PROCEDURE

All applications will be reviewed and ranked based on relevant training and experience. A limited number of the highest-ranking applicants will be considered in next screening phase. Rating of applications and expressions of interest will begin immediately and will continue until the position is filled. Interviews will begin as soon as a pool of qualified applicants is identified.

The Higher Education Coordinating Board is an equal opportunity employer. The Board strongly encourages qualified men and women of all races, religions and ancestry; persons over forty; Vietnam era veterans and disabled veterans; and persons of disability to apply. We will provide assistance in the recruitment, application and selection process to applicants who request such assistance. Please contact the Human Resources Manager as early as possible regarding any assistance you may require.

EMPLOYMENT APPLICATION

917 Lakeridge Way
P.O. Box 43430
Olympia, WA 98504-3430

Date available to begin work: _____

Position Title:		Position Number:	
Last Name:	First Name:	Middle Initial:	
Social Security Number:	Address:		
City:	State:	Zip Code:	
Phone Number: (home)		Phone Number: (work or message)	
E-mail address:			

GENERAL INFORMATION

Please complete the following by filling in (X) the appropriate boxes and applicable information	YES	NO
Are you currently a Washington state employee? If Yes give your current agency/ institution's name:		
Are you willing to travel as a part of this job?		
Have you been convicted of a misdemeanor or felony within the past seven years that may unfavorably affect your fitness for this position?		
If you have worked for the state of Washington in the past five years as a classified permanent employee, please provide your former job classification:		

How did you learn of this employment opportunity?
<input type="checkbox"/> Friend or Neighbor <input type="checkbox"/> HECB Job line/ Web site <input type="checkbox"/> Department of Personnel
<input type="checkbox"/> State Agency (list office and location) _____
<input type="checkbox"/> Newspaper (name of newspaper) _____
<input type="checkbox"/> Other _____

LICENSES, CERTIFICATIONS AND COMPUTER SKILLS

License/ Certification	State	Expiration
Driving a state vehicle may be part of this position. Indicate whether or not you have a valid driver's license. Yes/ No. If Yes, give driver's license number:		
LIST and provide OFFICIAL DOCUMENTATION of other job-related Licenses/Certifications you have, including state and expiration:		
Indicate (X) Computer Skills		
Word	Windows	Access
		Excel
		PowerPoint

EDUCATION

Circle Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED												College: 1 2 3 4				Graduate School: 1 2	
Name of School/ College/ University	Location	Attended From To		Hours Completed Smstr Qtr		Degree Earned	Major/Minor										

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Using a separate section for each position, describe in detail all work experience, beginning with your current or most recent job.

Job Title:	Supervisor:	Phone:
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Salary Begin: End:	Number Supervised by You:
Hours per Week: Full-Time Part-Time Volunteer:		Reason for Leaving:
Special Skills:		
Job Duties: (Be Specific)		

Job Title:	Supervisor:	Phone:
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Salary Begin: End:	Number Supervised by You:
Hours per Week: Full-Time Part-Time Volunteer:		Reason for Leaving:
Special Skills:		
Job Duties: (Be Specific)		

Job Title:	Supervisor:	Phone:
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Salary Begin: End:	Number Supervised by You:
Hours per Week: Full-Time Part-Time Volunteer:		Reason for Leaving:
Special Skills:		
Job Duties: (Be Specific)		

To be accepted, you must sign and date this application.

All answers are true and complete to the best of my knowledge. I understand that the Higher Education Coordinating Board may verify information and that untruthful or misleading answers are cause for rejection of this application, or dismissal if I am hired.

Signature

Date

References /Affirmative Action Data

Please complete and return this form with your employment application package.

Name: _____

Position: Program Coordinator

Check the item that best describes how you heard about this position.

_____ Friend or neighbor	_____ HECB Job line/ Web site	_____ Newspaper or other publication*
_____ Department of Personnel		
_____ Other State Agency*	_____ Other	_____ An organization's electronic notice*

*Please specify Web site, organization, newspaper, publication or "other" source here:

The Higher Education Coordinating Board is an equal opportunity employer. The Board's state-approved Affirmative Action Program seeks to ensure that employment opportunity information reaches all qualified potential candidates, including African Americans, American Indians/Alaskan Natives, Asian/Pacific Islanders, Caucasians, Hispanics, women, men, persons aged 40 and over, persons with disabilities, disabled veterans, and Vietnam-era veterans. To implement this program more successfully, the Board requests that you provide the following information. Submission of this statistical information is voluntary; failure to complete this portion of the form will not adversely affect your candidacy for employment.

This information will be separated from your application and handled confidentially.

Please check any/all of the following that apply:

_____ Male	_____ African American/Black	_____ Vietnam-Era Veteran
_____ Female	_____ Asian/Pacific Islander	(served 180 days or more between 2/28/61
_____ Age 40 or older	_____ Caucasian/White	and 5/7/75 and do not have a dishonorable
_____ Person with a disability	_____ Hispanic/Latino	discharge)
	_____ Native	_____ Special Disabled Veteran
	American/American	(30% or more disability)
	Indian/Alaska Native	

Name:
(Print) _____

Position: **Program Coordinator**

References – Please print or type: Name, position title, current address and telephone number.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

"I hereby authorize the Higher Education Coordinating Board to make inquiries regarding my education, work experience and references, unless otherwise stated. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give."

Comments: _____

Signature of applicant

Date

SUPPLEMENTAL APPLICATION PROGRAM COORDINATOR

THIS IS THE FIRST PART OF THE PROGRAM COORDINATOR EXAMINATION.
YOU MUST PASS IT TO BE CONSIDERED FURTHER.

This information and that provided in the work history portion of your application will be used to evaluate your skills.

INSTRUCTIONS

Type or write your answers, but they must be clear and legible.
Answers should be brief, but complete.

- Describe your most relevant experience and training as it relates to each question.
- Experience and training may be:
 - Paid or unpaid, part time or full time.
 - Gained in school, spare time or previous employment.
- Do not claim experience or training that you do not have.
- Answer “none” or “no” if you do not have experience or training related to a question.

YOU CANNOT BE GIVEN CREDIT FOR EXPERIENCE OR TRAINING YOU DO NOT STATE ON YOUR ANSWER SHEETS.

YOUR ANSWERS WILL BE CHECKED IF YOU ARE CONSIDERED FURTHER

I CERTIFY that my answers are true and complete to the best of my knowledge.
I understand that:

 **This is the PROGRAM COORDINATOR EXAMINATION.

 **I must PASS this examination to be considered further.

 If my answers are **misleading:

 My application may be rejected.

 I may be dismissed if I am hired.

Signature _____

Date _____

EXAMINATION QUESTIONS

Program Coordinator

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1. PAYMENT PROCESSING

Enter the number of accounts you have had experience with in each of the following areas.

TYPE OF PROCESSING	EXPERIENCE			
	MAINTAINING	MONITORING	RECONCILING	AMOUNT \$
Accounts Payable				
Accounts Receivable				

Give a brief description of any other experience handling payments, such as: cancellations, tracking lost warrants, and any direct experience working with the state's AFRS system.

Please answer the following questions on separate paper. Type or write your answers, but they must be clear and legible. Put your name, the name of the job for which you are applying, and the date on each sheet.

For EACH QUESTION, include WHEN and WHERE your experience and/or training occurred.

2. WORKING INDEPENDENTLY

Give two examples of job responsibilities or assignments that best demonstrate your ability to work independently. Areas to cover in your examples include:

- ◆ Interpreting rules and regulations.
- ◆ Developing/implementing policies and/or procedures.
- ◆ Coordinating program activities.
- ◆ Coordinating projects.
- ◆ Advising clients regarding program policies and activities.

3. PLANNING / ORGANIZING / ATTENTION TO DETAIL

Give two examples that best demonstrate your ability to organize, plan and prioritize routine and complex assignments requiring a high degree of accuracy and attention to detail.

EXAMINATION QUESTIONS

Program Coordinator

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4. WORKING WITH THE PUBLIC / SPECIAL GROUPS / CLIENTS

Give two examples of your experience dealing tactfully and effectively with various individuals and groups in the workplace. If possible, include one example that involved helping the public use Web-based resources.

For each example include:

- ◆ What you did, such as: gave information, explained program policies and/or activities, or resolved problems.
- ◆ The type of individuals or groups you worked with, such as: clients, students, people with diverse backgrounds, faculty, staff, or management.
- ◆ Your position, duties and the extent of your responsibility for the final product or resolution.

5. WRITTEN COMMUNICATION

Describe your experience composing and editing business correspondence, reports, policies, procedures, technical material and other documents. Indicate your responsibility for the final document.

6. VERBAL COMMUNICATION

Give specific examples that best demonstrate your ability to communicate effectively in the following situations:

- ◆ Explaining complex policies and procedures to individuals who have little or no prior understanding of them.
- ◆ Conferring with other departments and outside agencies regarding program activities.
- ◆ Recommending courses of action to program clients.

7. SPECIFIC POSTION ELEMENTS

Describe your experience and/or training in each of the following areas, including when and where this experience and/or training was obtained.

- a) Working with Student Financial Aid programs,
- b) Working with accounting or bookkeeping, and
- c) Using Windows file management, Word, Excel and Outlook.